

APPENDIX

Exhibit 1

Form 1 Initial survey

Health Questionnaire Name of Prefecture Health Center

District code		Household code		Individual code
Name		M F	Date of birth (year month day) 1. Single 2. Married 3. Divorced 4. Widowed	
Address				
Place of birth	Prefecture	City	Occupation (in detail)	
For women	Number of children	Length of breast feeding after last delivery	Age at first marriage	month(s)

Anamnesis

Eating Habits	Rice/Wheat	Amount/day	Frequency
	Meat	1. Daily 2. Occas 3. Rare 4. None 5. Obscure	
	Fish and shell fish	1. Daily 2. Occas 3. Rare 4. None 5. Obscure	
	Milk and goat milk	1. Daily (amount) 2. Occas 3. Rare 4. None 5. Obscure	
	Green-yellow vegetables	1. Daily 2. Occas 3. Rare 4. None 5. Obscure	
	Pickles	1. Every meal 2. Daily 3. Occas 4. Rare 5. None 6. Obscure	
Favorites	Soybean paste soup	1. Daily 2. Occas 3. Rare 4. None 5. Obscure	
	Smoking	1. Smoking daily (a) Cigarette No./day (b) Kisami (c) Others 2. Occas 3. Ex. 4. None 5. Obscure Age started ()	
	Alcohol	1. Daily 2. Occas 3. Rare 4. None 5. Obscure Type (1) Sake (2) Shochu (3) Beer (4) Whisky (5) Others (6) Obscure	
	Green tea	1. Very hot 2. Moderate 3. None 4. Obscure	

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